

September 14, 1998

**OVERSIGHT REVIEW, REPORT PROCESSING AND FOLLOW-UP ACTIVITIES
FOR OFFICE OF INSPECTOR GENERAL, GENERAL ACCOUNTING OFFICE,
AND OFFICE OF MEDICAL INSPECTOR**

1. PURPOSE: This directive describes the policy, procedures and reporting requirements for the review and processing of internal Office of Medical Inspector (OMI), and external Office of Inspector General (OIG) and General Accounting Office (GAO) oversight reports in the Veterans Health Administration (VHA). It outlines the responsibilities of VHA field, network and VHA Headquarters organizations in these processes. It clarifies report processing and follow-up for OIG Office of Healthcare Inspections (OHI), and Hotline and Special Inquiries Division referrals, which were not specifically identified in previous directives.

2. BACKGROUND: The Under Secretary for Health has overall responsibility for ensuring VHA responsiveness to internal and external reviews and report processing and follow-up. The Director, Management Review and Administration Service (105E) under the Chief Policy and Planning Officer (105) is responsible for ensuring that report review, processing and follow-up is appropriately implemented in VHA. The Chief Network Officer (10N) is responsible for assuring that organizational elements under 10N comply with report processing and follow-up procedures. Each network director has the responsibility to ensure processing and follow-up is appropriately implemented within each Veterans Integrated Service Network (VISN) and at each facility.

3. POLICY: It is VHA Policy that it will be responsive to internal and external reviews and report processing and follow-up. The Management Review and Administration Service (105E) in the Office of Policy and Planning (105) is the liaison between VHA and internal and external oversight groups. The Management Review and Administration Service is responsible for coordinating review, response and follow-up of oversight reports for VHA, except as noted.

4. ACTION

a. Organizations in VHA will follow the procedures for review, processing and follow-up of OIG, GAO, and OMI reports as indicated in Attachments A-G, and will provide responses to the Management Review and Administration Service within the time frames established in Department of Veterans Affairs (VA) policy and the law, except where noted (see Atts. E and F).

b. The External Review Management Information System (ERMIS) will be used to track and maintain the status of VHA responses to internal and external oversight reports.

c. Each VISN or facility Director and each VHA Headquarters element will ensure that report review, processing and follow-up is appropriately implemented.

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5. FOLLOW-UP RESPONSIBILITY: Director, Management Review and Administration Service (105E) is responsible for the content of this Directive.

6. RESCISSIONS: This VHA Directive expires September 14, 2003.

S/ by Robyn Nishimi, Ph.D. for
Kenneth W. Kizer, M.D., M.P.H.
Under Secretary for Health

Attachments

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ATTACHMENT A

OIG OFFICE OF AUDIT PROGRAM REVIEWS AND SPECIAL REPORTS

1. **Reviews:** The Office of Inspector General (OIG) will keep Veterans Health Administration (VHA) program and management officials informed of the start of and their progress during program and special reviews.

a. OIG will inform the Management Review and Administration Service (105E) either orally or in writing that preliminary research is being initiated on a specific topic. The Management Review and Administration Service will notify the Chief Network Office (CNO) (10NC) and appropriate program offices that the OIG intends to begin preliminary research. When OIG completes preliminary research on a topic, such that they are prepared to present the purpose, scope, methodology, and their expectations in conducting the review to VHA, an entrance conference will be scheduled.

b. OIG will contact the Management Review and Administration Service to schedule entrance conferences. The Management Review and Administration Service will coordinate these meetings with the OIG, ensuring that all appropriate VHA program and VHA Headquarters management, including those requested by the OIG, are notified of and are represented at entrance conferences. ***NOTE:** As part of an entrance conference, it is expected that VHA representatives will accept, or will work with OIG to define the scope and methodology of the proposed review.*

c. The Management Review and Administration Service will prepare a report of contact summarizing the results of the entrance conference for VHA. Copies of the report of contact will be distributed to the Under Secretary for Health (10); Deputy Under Secretary for Health (10A); Executive Assistant to the Under Secretary for Health (10E); Executive Assistant to the Deputy Under Secretary for Health (10A1); Executive Correspondence (101B); Chief of Staff (10B); Chief Communications Officer (10C); Chief Policy and Planning Officer (105); CNO (10N/10NC); VHA Chief Financial Officer (17); Chief Performance and Quality Officer (10Q); Medical Inspector (10MI); Chief Patient Care Services Officer (11); Director, Program Management and Planning Office (182); and VHA participants attending specific conferences.

d. Following the entrance conference, OIG will conduct the review, contacting field facilities, network and headquarters staff as appropriate.

(1) Prior to arranging site visits to field facilities and network offices, OIG will inform the Management Review and Administration Service of their intent to contact those sites to coordinate a visit. Following this notification, OIG may contact the facility or network office directly. The Management Review and Administration Service will inform the CNO's office of OIG's intent to contact a facility or network office to arrange a site visit.

(2) Except in the case of some special reviews, or other instances where information is to remain confidential, VHA representatives should prepare reports of contact of meetings with OIG representatives. Reports of contact should include a discussion of the purpose of the contact, information requested by OIG, information provided by VHA, and any other pertinent

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information. Copies of reports of contact are to be forwarded to the Management Review and Administration Service for distribution.

e. Upon completion of their reviews, OIG will contact the Management Review and Administration Service to schedule an exit conference to discuss with VHA the review findings, conclusions and recommendations. The Management Review and Administration Service will coordinate these meetings, ensuring that all appropriate VHA program and VHA Headquarters management, including those requested by OIG, are notified of and are represented at exit conferences. The Management Review and Administration Service will prepare a report of contact for distribution in VHA summarizing the results of the exit conference. In most cases, the OIG will issue a draft report following completion of the exit conference.

2. Draft Reports

a. Upon completion of a draft report, the OIG Office of Audit will request VHA comments on report findings and recommendations. The OIG expects that VHA comments will be provided within 30-calendar days from the date of the report. The draft report will be provided by OIG to the Management Review and Administration Service. The Management Review and Administration Service will distribute the report to the appropriate program offices for review and comment. The Under Secretary for Health, Deputy Under Secretary for Health, Chief of Staff, and all VHA Officers will receive a copy of the report. Assigned program offices will assess OIG report findings and recommendations and will prepare (unless otherwise requested) written comments on the report. Comments will be forwarded to the Management Review and Administration Service from assigned program offices. At a minimum, comments should include:

(1) A specific statement of concurrence or nonconcurrence with the report findings. Additional information or clarification of information contained in the report should be provided, if applicable.

(2) A specific statement of concurrence or nonconcurrence with each report recommendation. If a program office concurs with a recommendation, an action plan, detailing corrective actions planned or taken in response to the recommendation, should be prepared as part of the program office's comments. The action plan should include target implementation dates for each corrective action. If a program office non-concurs with a recommendation, specific reasons for the nonconcurrence should be clearly stated in the comments, along with any alternative action an office believes to be appropriate.

(3) A specific statement of concurrence or nonconcurrence with any estimate of monetary benefit contained in the report. If a program office non-concurs with the OIG estimate, the program office must prepare an alternative estimate. The rationale for and the methodology used to prepare the alternative estimate must also be included in the program office comments. If a program office non-concurs with the OIG estimate, but must complete a study or review before an alternative estimate can be provided, the program office should state this in the comments, and provide an estimated completion date for providing an alternative estimate.

b. The Management Review and Administration Service, following review and coordination of program office comments, will prepare the VHA reply for the signature of the Under Secretary for Health. The Management Review and Administration Service will assure that the

VHA response to the OIG is consistent with VHA and VA policies, directives and the law. Concurrence with the VHA response will be requested from appropriate program offices, VHA Officers and the Chief Policy and Planning Officer before being forwarded to the Under Secretary for Health for signature. The VHA comments will be included in the final OIG report.

c. The Management Review and Administration Service enters report information and VHA's response, including corrective actions and planned completion dates for each recommendation, into the External Review Management Information System (ERMIS). Upon receipt of VHA's written comments, the OIG will determine if all recommendations are resolved.

(1) Recommendations will be considered resolved if a concurrence is provided and the OIG agrees with the proposed corrective action plan. A recommendation and/or report is considered closed upon the OIG determination that all planned corrective actions are completed.

(2) A recommendation will be considered unresolved if VHA either non-concurs with the recommendation, or VHA takes no position (neither concurs nor non-concurs) on the recommendation.

(a) If a recommendation receives a nonconcurrence, the report will be issued in final and representatives of the OIG Office of Audit, VHA Management Review and Administration Service and appropriate program offices will jointly try to reach an agreement. If no agreement is reached within 4 months from the issue date of the report, and OIG determines that further efforts to resolve the recommendation would be nonproductive, the issue is referred by the OIG to the Deputy Secretary for resolution. OIG will notify the Under Secretary for Health that the issue has been referred. Both VHA and OIG will prepare position papers for the Deputy Secretary on the referred issue. The Management Review and Administration Service will coordinate preparation of the VHA position paper for the signature of the Under Secretary for Health. The OIG considers the recommendation resolved when either an agreement is reached with VHA, or the Deputy Secretary makes a final decision.

(b) If a recommendation receives neither a concurrence nor nonconcurrence because interim actions, such as a study or reevaluation, are considered necessary before a concurrence or nonconcurrence can be provided, OIG determines if the proposed action is justifiable. If OIG does not consider the proposed action justifiable, the recommendation will be regarded as unresolved, and actions outlined in subparagraph 2.c.(2)(a) will be followed. If the interim action is considered justifiable, no further action will be taken by OIG until VHA completes the interim action and provides OIG with a concurrence or nonconcurrence on the recommendation.

3. Final Reports

a. Final reports will be distributed by the Management Review and Administration Service to the Under Secretary for Health, Deputy Under Secretary for Health, Chief Policy and Planning Officer, and appropriate VHA Officers and program offices.

b. The Management Review and Administration Service will monitor progress towards completion of corrective actions for each OIG report through periodic status reports using

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ERMIS. Action plan status reports will be requested from the Management Review and Administration Service by OIG, normally within 6 months after issuance of a final report, with a due date and contact person specified. ERMIS is a VHA system, however, the OIG was afforded read only access to the action plan portion of the system; the ability to request action plan updates; and the ability to close recommendations and/or reports directly using ERMIS through a Memorandum of Agreement between VHA and the Office of Inspector General, approved by the Under Secretary for Health on November 9, 1993.

c. Following review of the action plan status report, the OIG will either close each recommendation, or will request additional information on specific recommendations by a specified due date. ERMIS updates will continue until the OIG closes the report and informs the Management Review and Administration Service that no further reporting is required.

ATTACHMENT B

OIG OFFICE OF AUDIT FACILITY REVIEWS

1. **Draft Reports.** Drafts of the Office of Inspector General (OIG) Office of Audit facility reports will be submitted initially to the audited Department of Veterans Affairs (VA) medical center, outpatient clinic or domiciliary for comment and development of an action plan in response to each recommendation contained in the report. The appropriate Veterans Health Administration (VHA) Veterans Integrated Service Network (VISN) will review the draft report and the facility comments, including the action plan. The VISN will forward their and the facility comments and action plan to the OIG. At a minimum, comments should include:

- a. A specific statement of concurrence or nonconcurrence with the report findings. Additional information or clarification of information contained in the report should be provided, if applicable.
- b. A specific statement of concurrence or nonconcurrence with each report recommendation. If the facility and/or network office concurs with a recommendation, an action plan, detailing corrective actions planned or taken in response to the recommendation, should be prepared as part of the comments. The action plan should include target implementation dates for each corrective action. If the facility and/or network office non-concurs with a recommendation, specific reasons for the nonconcurrence should be clearly stated in the comments, along with any alternative action an office believes to be appropriate.
- c. A specific statement of concurrence or nonconcurrence with any estimate of monetary benefit contained in the report. If the facility and/or network office non-concurs with the OIG estimate, an alternative estimate must be prepared. The rationale for and the methodology used to prepare the alternative estimate must also be included in the comments forwarded to the OIG. If the facility and/or network office non-concurs with the OIG estimate, but must complete a study or review before an alternative estimate can be provided, this should be stated in the comments forwarded to the OIG, along with an estimated completion date for providing an alternative estimate.
- d. This comment and clearance process should be accomplished electronically, through the External Review Management Information System (ERMIS), with the audited facility making the initial entry. Upon receipt of VHA's comments, the IG will determine if all recommendations are resolved.
 - (1) Recommendations will be considered resolved if a concurrence is provided and the OIG agrees with the proposed corrective action plan. A recommendation and/or report is considered closed upon the OIG determination that all planned corrective actions are completed.
 - (2) A recommendation will be considered unresolved if the facility and/or network office either non-concurs with the recommendation, or the facility and/or network office takes no position (neither concurs nor non-concurs) on the recommendation.

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(a) If a recommendation receives a nonconcurrence, the report will be issued in final and representatives of the OIG Office of Audit operations division and the VHA facility and/or network office will jointly try to reach an agreement. If no agreement is reached and OIG determines that further efforts to resolve the recommendation would be nonproductive, the issue is referred by the OIG to the Under Secretary for Health for resolution. OIG will notify the Under Secretary for Health through the Management Review and Administration Service (105E) that the issue has been referred and will request a decision. The Management Review and Administration Service coordinates the review and prepares the response to the OIG for the signature of the Under Secretary for Health. If the OIG determines that the Under Secretary for Health position does not resolve the issue, the issue may be referred by the OIG to the Deputy Secretary for resolution. Both VHA and OIG will prepare position papers for the Deputy Secretary on the referred issue. The Management Review and Administration Service will coordinate preparation of the VHA position paper for the signature of the Under Secretary for Health. The OIG considers the recommendation resolved when either an agreement is reached with VHA, or the Deputy Secretary makes a final decision.

(b) If a recommendation receives neither a concurrence nor nonconcurrence because interim actions, such as a study or reevaluation, are considered necessary before a concurrence or nonconcurrence can be provided, OIG determines if the proposed action is justifiable. If OIG does not consider the proposed action justifiable, the recommendation will be regarded as unresolved, and actions outlined in subparagraph 1.d.(2)(a) will be followed. If the interim action is considered justifiable, no further action will be taken by OIG until the facility and/or network office completes the interim action and provides OIG with a concurrence or nonconcurrence on the recommendation.

2. Final Reports

a. OIG will forward a copy of final reports to the Under Secretary for Health, Management Review and Administration Service, network Director and facility Director. The Management Review and Administration Service will distribute the report to appropriate VHA Headquarters offices for information and comment, as appropriate.

b. The Management Review and Administration Service will monitor completion of corrective actions. The Under Secretary for Health is apprised of progress towards implementation of audit recommendations periodically and on an *ad hoc* basis.

c. Using ERMIS, OIG will request that each facility and/or network office provide action plan status reports on implementation of corrective actions for each report recommendation. Action plan status reports will be requested by OIG, normally within 6 months after issuance of a final report, with a due date and contact person specified. Facilities and network offices will provide updated responses to OIG using ERMIS by the specified due date. ERMIS is a VHA system, however, the OIG was afforded read only access to the action plan portion of the system; the ability to request action plan updates; and, the ability to close recommendations and/or reports directly using ERMIS through a Memorandum of Agreement between VHA and the Office of Inspector General, approved by the Under Secretary for Health on November 9, 1993.

d. Following review of a facility and/or network office action plan status report, OIG will either close each recommendation, or will request additional information on specific

recommendations by a specified due date. This process continues until OIG closes the report and informs the facility that no further reporting is required.

ATTACHMENT C

OIG OFFICE OF HEALTHCARE INSPECTIONS PROGRAM REVIEWS

1. **Reviews.** The Office of Inspector General (OIG) Office of Healthcare Inspections will keep Veterans Health Administration (VHA) program and management officials informed of the start of and their progress during program and special reviews.

a. OIG will inform the Management Review and Administration Service (105E) either orally or in writing that preliminary research is being initiated on a specific review. The Management Review and Administration Service will notify the Chief Network Officer (CNO) (10NC) and appropriate program offices that the OIG intends to begin preliminary research. The preliminary research will include a face-to-face informal discussion with the appropriate VHA officials as arranged by the Management Review and Administration Service. This Service will also be informed of any site visits to field facilities and network offices that may take place during the period of preliminary research prior to any OIG contacts. When OIG completes preliminary research on a topic, such that they are prepared to present the purpose, scope, methodology and their expectations in conducting the review to VHA, an entrance conference will be scheduled.

(1) The OIG will contact the Management Review and Administration Service to schedule entrance conferences. The Management Review and Administration Service will coordinate these meetings, ensuring that all appropriate VHA program and VHA Headquarters management are notified of and are represented at entrance conferences. ***NOTE:** As part of an entrance conference, it is expected that VHA representatives will accept, or will work with OIG to define the scope and methodology of the proposed review.*

(2) The Management Review and Administration Service will prepare a report of contact summarizing the results of the entrance conference for VHA. Copies of the report of contact will be distributed to the Under Secretary for Health (10); Deputy Under Secretary for Health (10A); Executive Assistant to the Under Secretary for Health (10E); Executive Assistant to the Deputy Under Secretary for Health (10A1); Executive Correspondence (101B); Chief of Staff (10B); Chief Communications Officer (10C); Chief Policy and Planning Officer (105); CNO (10N/10NC); VHA Chief Financial Officer (17); Chief Performance and Quality Officer (10Q); Medical Inspector (10MI); Chief Patient Care Services Officer (11); Director, Program Management and Planning Office (182); and, VHA participants attending specific conferences.

b. Following the entrance conference, OIG will conduct the review, contacting field facilities, network and headquarters staff as appropriate.

(1) Prior to arranging site visits to field facilities and network offices, OIG will inform the Management Review and Administration Service of their intent to contact specific sites to coordinate a visit. Following this notification, OIG may contact the facility or network office directly. The Management Review and Administration Service will inform the CNO's office of OIG's intent to contact a facility or network office to arrange a site visit.

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(2) Except in the case of some special reviews, or other instances where information is to remain confidential, VHA representatives should prepare reports of contact of meetings with OIG representatives. It is expected that VHA representatives will work cooperatively with OIG representatives and assist in the achievement of a productive outcome to the program review. Reports of contact should include a discussion of the purpose of the contact, information requested by OIG, information provided by VHA, and any other pertinent information. Copies of reports of contact should be forwarded to the Management Review and Administration Service for distribution.

c. Upon completion of their reviews, OIG will contact the Management Review and Administration Service to schedule an exit conference to discuss, in a formal presentation, with VHA the review findings, conclusions and recommendations. The Management Review and Administration Service will coordinate these meetings, ensuring that all appropriate VHA program and VHA Headquarters management are notified of and are represented at exit conferences. The Management Review and Administration Service will prepare a report of contact for distribution in VHA summarizing the results of the exit conference. In most cases, the OIG will issue a draft report following completion of the exit conference.

2. Draft Reports

a. Upon completion and submission of a draft report, OIG Office of Healthcare Inspections will request VHA comments on report findings and recommendations. OIG expects that VHA comments will be provided no later than 45-calendar days from the date of the report, unless extended by written mutual agreement. The draft report will be provided by OIG to the Management Review and Administration Service. The Management Review and Administration Service will distribute the report to the appropriate VHA program offices for review and comment. The Under Secretary for Health, Deputy Under Secretary for Health, Chief of Staff, and all VHA Officers will receive a copy of the report. Assigned program offices will assess OIG report findings and recommendations and will prepare (unless otherwise requested) written comments on the report. Comments will be forwarded to the Management Review and Administration Service from assigned program offices. At a minimum, comments should include:

(1) A specific statement of concurrence or nonconcurrence with the report findings. Additional information or clarification of information contained in the report should be provided, if applicable.

(2) A specific statement of concurrence or nonconcurrence with each report recommendation. If a program office concurs with a recommendation, an action plan, detailing corrective actions planned or taken in response to the recommendation, should be prepared as part of the program office's comments. The action plan should include target implementation dates for each corrective action. If a program office non-concurs with a recommendation, specific reasons for the nonconcurrence should be clearly stated in the comments, along with any alternative action an office believes to be appropriate.

(3) A specific statement of concurrence or nonconcurrence with any estimate of monetary benefit contained in the report. If a program office non-concurs with the OIG estimate, the program office must prepare an alternative estimate. The rationale for and the methodology used to prepare the alternative estimate must also be included in the program office comments.

If a program office non-concurs with the OIG estimate, but must complete a study or review before an alternative estimate can be provided, the program office should state this in the comments, and provide an estimated completion date for providing an alternative estimate.

b. The Management Review and Administration Service, following review and coordination of program office comments, will prepare the VHA reply for the signature of the Under Secretary for Health. The Management Review and Administration Service will assure that VHA's response to the OIG is consistent with VHA and VA policies, directives and the law. Concurrence with the VHA response will be requested from appropriate program offices, VHA Officers and the Chief Policy and Planning Officer before being forwarded to the Under Secretary for Health for signature. The VHA comments will be included in the final OIG report.

c. The Management Review and Administration Service will enter report information and VHA's response, including corrective actions and planned completion dates for each recommendation, into External Review Management Information Systems (ERMIS). Upon receipt of VHA's written comments, OIG will determine if all recommendations are resolved.

(1) Recommendations will be considered resolved if a concurrence is provided and the OIG agrees with the proposed corrective action plan. A recommendation and/or report is considered closed upon the OIG determination that all planned corrective actions are completed.

(2) A recommendation will be considered unresolved if VHA either non-concurs with the recommendation, or VHA takes no position (neither concurs nor non-concurs) on the recommendation.

(a) If a recommendation receives a nonconcurrence, the report will be issued in final and representatives of the OIG Offices of Healthcare Inspections and Departmental Reviews and Management Support, and VHA Management Review and Administration Service and appropriate program offices will jointly try to reach an agreement. If no agreement is reached within 4 months from the issue date of the report, and OIG determines that further efforts to resolve the recommendation would be nonproductive, the issue is referred by the OIG to the Deputy Secretary for resolution.

(b) OIG will notify the Under Secretary for Health that the issue has been referred. Both VHA and OIG will prepare position papers for the Deputy Secretary on the referred issue. The Management Review and Administration Service will coordinate preparation of the VHA position paper for the signature of the Under Secretary for Health. The OIG considers the recommendation resolved when either an agreement is reached with VHA, or the Deputy Secretary makes a final decision.

(c) If a recommendation receives neither a concurrence nor nonconcurrence because interim actions, such as a study or reevaluation, are considered necessary before a concurrence or nonconcurrence can be provided, OIG determines if the proposed action is justifiable. If OIG does not consider the proposed action justifiable, the recommendation will be regarded as unresolved, and actions outlined in subparagraph 2c(2)(b) will be followed. If the interim

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action is considered justifiable, no further action will be taken by OIG until VHA completes the interim action and provides OIG with a concurrence or nonconcurrence on the recommendation.

3. Final Reports

a. Final reports will be distributed by the Management Review and Administration Service to the Under Secretary for Health, Deputy Under Secretary for Health, Chief Policy and Planning Officer and appropriate VHA Officers and program offices.

b. The Management Review and Administration Service will monitor progress towards completion of corrective actions for each OIG report through periodic status reports using ERMIS. Action plan status reports will be requested from the Management Review and Administration Service by OIG, normally within 6 months after issuance of a final report, with a due date and contact person specified. ERMIS is a VHA system, however, the OIG was afforded read only access to the action plan portion of the system; the ability to request action plan updates; and, the ability to close recommendations and/or reports directly using ERMIS through a Memorandum of Agreement between VHA and the Office of Inspector General, approved by the Under Secretary for Health on November 9, 1993.

c. Following review of the action plan status report, the OIG will either close each recommendation, or will request additional information on specific recommendations by a specified due date. ERMIS updates will continue until the OIG closes the report and informs the Management Review and Administration Service that no further reporting is required.

4. Special Consideration: Early Alert Notices (EAN)

a. During the course of a program review, a Hotline or other special investigation, the OIG Office of Healthcare Inspections may uncover circumstances and situations which may not directly relate to the matter under review or a concurrent OIG investigation. Certain of these circumstances and situations may be of a serious nature or an issue of critical importance that an Early Alert Notice, as a distinct and separate document, will be prepared. This Early Alert Notice will only be prepared and submitted in draft when there are compelling and necessary circumstances and situations.

b. OIG's Office of Healthcare Inspections will directly submit the draft report to the Under Secretary for Health and the involved medical center while providing copies to the Management Review and Administration Service, and if appropriate, Chief Performance and Quality Officer (10Q) and VHA's Medical Inspector (10MI).

c. The OIG will expect a response from VHA to a draft Early Alert Notice within no later than 15-work days and an action plan within 30-work days. In all cases, the Management Review and Administration Service will coordinate and develop the response for the Under Secretary for Health.

d. In the event there is a nonconcurrence by VHA, the procedures specified in subparagraph 2c(2)(b) will be used.

e. The OIG Office of Healthcare Inspections will prepare and submit a final report to VHA and the involved medical center, which will be distributed by the Management Review and Administration Service to the appropriate offices.

ATTACHMENT D

OIG OFFICE OF HEALTHCARE INSPECTIONS FACILITY REVIEWS

1. **Reviews.** The Office of Inspector General (OIG) Office of Healthcare Inspections will inform the Management Review and Administration Service (105E) of the start of facility reviews and of any site visits to field facilities and network offices, except in those instances where such notification would be counterproductive to the review (e.g., surprise visits).

2. **Draft Reports.** Drafts of the Office of Healthcare Inspections facility reports will be submitted initially to the audited Department of Veterans Affairs (VA) medical center, outpatient clinic or domiciliary for comment and development of an action plan in response to each recommendation contained in the report. An information copy of the draft report will be provided to the Management Review and Administration Service (105E), which will distribute a copy to the Veterans Health Administration (VHA) network and office of the Chief Network Officer. The VHA network office will review the draft report and the facility comments, including the action plan. The facility will forward their final comments and action plan to OIG no later than 30-calendar days from the date of the report, with information copies provided to the network office. At a minimum, comments should include:

a. A specific statement of concurrence or nonconcurrence with the report findings. Additional information or clarification of information contained in the report should be provided, if applicable.

b. A specific statement of concurrence or nonconcurrence with each report recommendation. If the facility and/or network office concurs with a recommendation, an action plan, detailing corrective actions planned or taken in response to the recommendation, should be prepared as part of the comments. The action plan should include target implementation dates for each corrective action. If the facility and/or network office non-concurs with a recommendation, specific reasons for the nonconcurrence should be clearly stated in the comments, along with any alternative action an office believes to be appropriate.

c. A specific statement of concurrence or nonconcurrence with any estimate of monetary benefit contained in the report. If the facility and/or network office non-concurs with the OIG estimate, an alternative estimate must be prepared. The rationale for and the methodology used to prepare the alternative estimate must also be included in the comments forwarded to the OIG. If the facility and/or network office non-concurs with the OIG estimate, but must complete a study or review before an alternative estimate can be provided, this should be stated in the comments forwarded to the OIG, along with an estimated completion date for providing an alternative estimate.

d. This comment and clearance process should be accomplished electronically, through ERMIS, with the audited facility making the initial entry. Upon receipt of VHA's comments, the OIG will determine if all recommendations are resolved.

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(1) Recommendations will be considered resolved if a concurrence is provided and the OIG agrees with the proposed corrective action plan. A recommendation and/or report is considered closed upon the OIG determination that all planned corrective actions are completed.

(2) A recommendation will be considered unresolved if the facility and/or network office either non-concurs with the recommendation, or the facility and/or network office takes no position (neither concurs nor non-concurs) on the recommendation.

(a) If a recommendation receives a nonconcurrence, the report will be issued in final and representatives of the OIG Office of Healthcare Inspections and the VHA facility and/or network office will jointly try to reach an agreement. If no agreement is reached and OIG determines that further efforts to resolve the recommendation would be nonproductive, the issue is referred by the OIG to the Under Secretary for Health for resolution. OIG will notify the Under Secretary for Health through the Management Review and Administration Service (105E) that the issue has been referred and will request a decision. The Management Review and Administration Service coordinates the review and prepares the response to the OIG for the signature of the Under Secretary for Health. If the OIG determines that the Under Secretary for Health's position does not resolve the issue, the issue may be referred by the OIG to the Deputy Secretary for resolution. Both VHA and OIG will prepare position papers for the Deputy Secretary on the referred issue. The Management Review and Administration Service will coordinate preparation of the VHA position paper for the signature of the Under Secretary for Health. The OIG considers the recommendation resolved when either an agreement is reached with VHA, or the Deputy Secretary makes a final decision.

(b) If a recommendation receives neither a concurrence nor nonconcurrence because interim actions, such as a study or reevaluation, are considered necessary before a concurrence or nonconcurrence can be provided, OIG determines if the proposed action is justifiable. If OIG does not consider the proposed action justifiable, the recommendation will be regarded as unresolved, and actions outlined in subparagraph 2d(2)(a) will be followed. If the interim action is considered justifiable, no further action will be taken by OIG until the facility and/or network office completes the interim action and provides OIG with a concurrence or nonconcurrence on the recommendation.

3. Final Reports

a. OIG will forward copies of final reports to the Under Secretary for Health, Management Review and Administration Service, network director and facility director. The Management Review and Administration Service will distribute the report to appropriate VHA Headquarters offices for information and comment, as appropriate.

b. The Management Review and Administration Service will monitor completion of corrective actions. The Under Secretary for Health is apprised of progress towards implementation of audit recommendations periodically and on an *ad hoc* basis.

c. Using ERMIS, OIG will request that each facility and/or network office provides action plan status reports on implementation of corrective actions for each report recommendation. Action plan status reports will be requested by OIG, normally within 6 months after issuance of a final report, with a due date and contact person specified. Facilities and network offices will provide updated responses to OIG using ERMIS by the specified due date. ERMIS is a VHA

system, however, the OIG was afforded read only access to the action plan portion of the system; the ability to request action plan updates; and, the ability to close recommendations and/or reports directly using ERMIS through a Memorandum of Agreement between VHA and the Office of Inspector General, approved by the Under Secretary for Health on November 9, 1993.

d. Following review of a facility and/or network office action plan status report, OIG will either close each recommendation, or will request additional information on specific recommendations by a specified due date. This process continues until OIG closes the report and informs the facility that no further reporting is required.

ATTACHMENT E

HOTLINE AND SPECIAL INQUIRY ACTIVITIES

1. Determinations

a. Allegations for investigation are received by the Office of Inspector General (OIG) Hotline and Special Inquiries Division (53E) through calls to the OIG Hotline; letters; "Tell It To The Secretary" letters; Congressional inquiries; and, other sources.

b. The OIG reviews all allegations it receives and decides which warrant further action. For those warranting further review, the OIG determines whether to conduct the review, or to initiate an inquiry with an appropriate, yet impartial, departmental official for response; e.g., the Veterans Health Administration (VHA) or VHA Medical Inspector (10MI).

2. Hotlines

a. Hotlines referred by OIG to VHA for review are forwarded to the appropriate organization in VHA for investigation. Except for VHA Headquarters referrals, an information copy of the OIG hotline referral memorandum will be provided to the Management Review and Administration Service (105E).

(1) Hotline cases referred by OIG to VHA headquarters for investigation will be referred to the proposed action office through the Management Review and Administration Service. The action office will forward its response back to the OIG through the Management Review and Administration Service. The following types of cases will be generally referred to headquarters:

- (a) Procedural issues that are unrelated to an individual facility;
- (b) Functions that are strictly under VHA Headquarters authority, such as Readjustment Counseling Service; and,
- (c) Issues OIG determines to be best dealt with at VHA Headquarters due to the sensitivity or the level of alleged wrongdoers.

(2) Significant hotline cases referred by OIG to a Department of Veterans Affairs (VA) medical center, outpatient clinic or domiciliary will be referred to the facility Director via formal memorandum for reply directly to the OIG. Routine cases may be referred to the facility Director via formal memorandum or via telephone for reply directly to the OIG. For issues considered to be sensitive (e.g., allegations against the associate director or chief of staff), an information copy of the referral memorandum will be provided to the Chief Network Officer (CNO) (10NC) and the appropriate network Director. The following types of allegations will be referred directly to facilities:

- (a) Senior level misconduct, excluding the facility Director;
- (b) VHA-wide issues where the alleged misconduct focuses on one facility;

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- (c) Important facility-wide issues such as significant allegations involving patient care;
- (d) Sensitive issues (e.g., egregious sexual harassment);
- (e) Management cover-up;
- (f) Waste of resources;
- (g) Individual cases concerning quality of medical care;
- (h) Employee misconduct (non-management employees); and,
- (i) Systemic personnel or management issues.

(3) Hotlines of allegations of a serious nature against a facility director will be referred by OIG to network directors. OIG will use a special hotline referral package that highlights that network director action is required.

(4) Hotlines of allegations of a serious nature against a network director will be referred by OIG to the CNO (10NC). Allegations of a relatively minor nature that are primarily against another individual, but reference knowledge of the matter by the network director will not generally be referred to the CNO, but will be referred to the appropriate level for the nature of the allegation.

(5) Non-case referrals will be forwarded by OIG to VA medical centers, outpatient clinics and domiciliaries for appropriate action. Non-case referrals involve matters strictly within management's prerogative and which are not within the purview of the OIG. Non-case referrals are made to provide such information to the facility for appropriate action. Generally, no follow-up action with OIG is required. The OIG informs the complainant, however, that the issue has been forwarded to the facility for reply. The following types of issues may be forwarded as non-case referrals:

- (a) Employee rudeness;
- (b) Miscommunication with physician; and
- (c) OIG concurrence (cc) on a letter sent to facility for action.

1. Cases on letters written to facilities with OIG as "cc" will be opened by OIG only where the issues are of major concern to the OIG mission. In such cases, the letter is reviewed by the appropriate Assistant Inspector General for consideration, and a case is established if it is determined that the matter warrants OIG involvement.

2. If there is no OIG interest, the facility will be called to determine whether the letter was received and whether action is being taken in response to the letter. If the facility received the letter and is acting on it, OIG generally indexes and files the letter. If the facility did not receive the letter, OIG will provide the letter to the facility for action as described. If the facility

received the letter but does not plan any action in response to it, the OIG will document the facility's reasons and determine if any further action is warranted.

b. Follow-up on hotlines will be requested by OIG directly to the organization to which the case was originally referred. Follow-up on VHA Headquarters referrals will be requested by OIG through the Management Review and Administration Service. The Management Review and Administration Service maintains information on all cases referred to VHA until the OIG closes the case.

3. **Special Inquiries**

a. The Hotline Section refers allegations that involve high ranking officials and other sensitive issues to the Special Inquiries Section for review.

b. Upon receipt of the allegation for review, the assigned program analyst plans the review; interviews witnesses under oath; and, prepares a draft report for Department comment, if appropriate.

(1) Draft reports dealing with facility or network level issues will generally be submitted to the reviewed entity for comment and development of an action plan in response to the report. Network and or VHA Headquarters offices, as appropriate, will review the draft report, including the proposed action plan.

(a) The VHA network office will forward their and the facility comments and action plan to the OIG. At a minimum, comments should include:

1. A specific statement of concurrence or nonconcurrence with the report findings. Additional information or clarification of information contained in the report should be provided, if applicable.

2. A specific statement of concurrence or nonconcurrence with each report recommendation. If the facility and/or network office concurs with a recommendation, an action plan, detailing corrective actions planned or taken in response to the recommendation, should be prepared as part of the comments. The action plan should include target implementation dates for each corrective action. If the facility and/or network office non-concurs with a recommendation, specific reasons for the nonconcurrence should be clearly stated in the comments, along with any alternative action an office believes to be appropriate.

3. A specific statement of concurrence or nonconcurrence with any estimate of monetary benefit contained in the report. If the facility and/or network office non-concurs with the OIG estimate, an alternative estimate must be prepared. The rationale for and the methodology used to prepare the alternative estimate must also be included in the comments forwarded to the OIG. If the facility and/or network office non-concurs with the OIG estimate, but must complete a study or review before an alternative estimate can be provided, this should be stated in the comments forwarded to the OIG, along with an estimated completion date for providing an alternative estimate.

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(b) Recommendations will be considered resolved if a concurrence is provided and the OIG agrees with the proposed corrective action plan. A recommendation and/or report is considered closed upon the OIG determination that all planned corrective actions are completed.

(c) A recommendation will be considered unresolved if the facility and/or network office either non-concurs with the recommendation, or the facility and/or network office takes no position (neither concurs nor non-concurs) on the recommendation.

(d) If a recommendation receives a nonconcurrence, the report will be issued in final and representatives of the OIG Special Inquiries staff and the VHA facility and/or network office will jointly try to reach an agreement. If no agreement is reached and OIG determines that further efforts to resolve the recommendation would be nonproductive, the issue is referred by the OIG to the Under Secretary for Health for resolution. OIG will notify the Under Secretary for Health through the Management Review and Administration Service (105E) that the issue has been referred and will request a decision. The Management Review and Administration Service coordinates the review and prepares the response to the OIG for the signature of the Under Secretary for Health. If the OIG determines that the Under Secretary for Health position does not resolve the issue, the issue may be referred by the OIG to the Deputy Secretary for resolution. Both VHA and OIG will prepare position papers for the Deputy Secretary on the referred issue. The Management Review and Administration Service will coordinate preparation of the VHA position paper for the signature of the Under Secretary for Health. The OIG considers the recommendation resolved when either an agreement is reached with VHA, or the Deputy Secretary makes a final decision.

(e) If a recommendation receives neither a concurrence nor nonconcurrence because interim actions, such as a study or reevaluation, are considered necessary before a concurrence or nonconcurrence can be provided, OIG determines if the proposed action is justifiable. If OIG does not consider the proposed action justifiable, the recommendation will be regarded as unresolved, and actions outlined in subparagraph 3.b.(1)(d) will be followed. If the interim action is considered justifiable, no further action will be taken by OIG until the facility and/or network office completes the interim action and provides OIG with a concurrence or nonconcurrence on the recommendation.

(2) OIG will forward copies of the final report to the Under Secretary for Health, Management Review and Administration Service, network director and facility director, if applicable. The Management Review and Administration Service will distribute the report to appropriate VHA headquarters offices, as appropriate.

(a) The Management Review and Administration Service will monitor completion of corrective actions. The Under Secretary for Health is apprised of progress towards implementation of special inquiry recommendations periodically and on an *ad hoc* basis.

(b) Using External Review Management Information Systems (ERMIS), OIG will request that each facility and/or network office provides action plan status reports on implementation of corrective actions for each report recommendation. Action plan status reports will be requested by OIG, normally within 6 months after issuance of a final report, with a due date and contact person specified. Facilities and network offices will provide updated responses to OIG using ERMIS by the specified due date. ERMIS is a VHA system, however, the OIG was afforded read only access to the action plan portion of the system; the ability to request action plan

updates; and, the ability to close recommendations and/or reports directly using ERMIS through a Memorandum of Agreement between VHA and OIG, approved by the Under Secretary for Health on November 9, 1993.

c. Following review of a facility and/or network office action plan status report, OIG will either close each recommendation, or will request additional information on specific recommendations by a specified due date. This process continues until OIG closes the report and informs the facility that no further reporting is required.

ATTACHMENT F

VHA OFFICE OF THE MEDICAL INSPECTOR REPORTS

1. **Reviews.** Upon initiating a review, the Office of the Medical Inspector (OMI) will notify the Under Secretary for Health or the Deputy Under Secretary for Health, the Chief Network Officer (CNO) and other offices, as appropriate.

2. **Distribution, Review and Submission of Comments on Draft Reports**

a. Responses to OMI site visit reports and other reviews are coordinated through the Under Secretary for Health and the Management Review and Administration Service (10/105E). The OMI will provide copies of each draft report to the Under Secretary for Health. The OMI will provide nine copies of each report to the Management Review and Administration Service. The Management Review and Administration Service will route copies of the report to the following offices:

- (1) Deputy Under Secretary for Health (10A);
- (2) Executive Assistant to the Deputy Under Secretary for Health (10A1);
- (3) Chief Network Officer (10NC);
- (4) Chief Policy and Planning Officer (105);
- (5) Patient Care Services Officer (11);
- (6) Academic Affiliations Officer (14);
- (7) Chief Performance and Quality Officer (10Q);
- (8) Director, Legislative Programs Office (105); and,
- (9) Other appropriate offices.

b. The OMI will provide copies of the report to the Inspector General within 2 workdays of distributing the report to the Under Secretary for Health.

c. Upon return from a site visit, the OMI will brief the Under Secretary for Health and/or Deputy Under Secretary for Health, the Chief Network Officer, and other program offices, as appropriate, on the findings, conclusions, and recommendations.

d. Draft reports are for official review and comment and are subject to revision. For this reason draft reports will not be released outside of the Department of Veterans Affairs (VA). The OMI will notify the Under Secretary for Health and other required offices of requests for briefings by Congressional offices, Veterans Service Organizations or other non-VA organizations on findings contained in draft reports.

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(1) Each VHA Headquarters recipient of the draft report should review it and provide comments to the Management Review and Administration Service (105E) within 20 workdays.

(a) Comments will include a statement of concurrence or nonconcurrence for each recommendation.

(b) If a recipient non-concurs with a recommendation, they must provide a specific reason(s) for nonconcurring.

(2) The CNO (10NC) will serve as the liaison with the field facilities and network offices. The CNO will obtain comments on the report from network directors and the facility directors. The CNO will forward comments to the Management Review and Administration Service within 20 workdays.

(a) Comments will include a statement of concurrence or nonconcurrence for each recommendation.

(b) If a field facility, network or the CNO non-concurs with a recommendation, they must provide a specific reason(s) for nonconcurring.

(3) The Management Review and Administration Service will forward all comments to the OMI within 5 workdays.

(4) The OMI will review the facility, network and/or VHA Headquarters response to the draft report. The OMI will provide comments on the responses to the Management Review and Administration Service within 10 work days.

(5) The Management Review and Administration Service will forward OMI's comments to the CNO and/or the appropriate VHA Headquarters offices for review and comment. The CNO and/or the appropriate VHA Headquarters offices will provide their response to OMI's comments to the Management Review and Administration Service within 10 work days.

(6) The Management Review and Administration Service will forward the draft report and OMI and VHA comments to the Office of the Under Secretary for review and acceptance of the report recommendations.

(a) The Office of the Under Secretary for Health will provide an acceptance memorandum indicating VHA concurrence or nonconcurrence with each report recommendation. (Management Review and Administration Service will prepare for the Office of the Under Secretary for Health). The memorandum will direct appropriate VHA facilities and/or offices to develop action plans on those recommendations receiving Office of the Under Secretary for Health concurrence upon issuance of the final report.

(b) The Management Review and Administration Service will forward the responses and the Office of the Under Secretary for Health acceptance memorandum to the OMI within 5 work days following receipt of the signed memorandum. OMI will finalize their report following receipt of these documents.

3. **Final Reports**

a. The final OMI report will include the OMI's report; the original VHA responses; OMI's rebuttal; the VHA responses to the OMI rebuttal; and the Office of the Under Secretary for Health recommendation acceptance memorandum.

b. The Under Secretary for Health will provide copies of the final report to the Secretary of Veterans Affairs and Inspector General.

c. The Management Review and Administration Service will route copies of the report to the following offices:

(1) Deputy Under Secretary for Health (10A1);

(2) Chief Policy and Planning Officer (105);

(3) Patient Care Services Officer (11);

(4) CNO (10NC);

(5) Freedom of Information Act (FOIA) or Privacy Act (PA) Officer (193B2), who will redact the final report; and,

(6) Other VHA Officers.

d. The FOIA or PA Officer (193B2) has the responsibility for responding to written requests for final OMI reports. With the exception of congressional requests, all other requests will be treated as FOIA requests. If a request is received from a congressional office, the FOIA or PA Officer will determine the appropriateness of the request and provide copies of the report, if appropriate. The FOIA or PA Officer will provide advance notification of the intended release of an OMI report to the Under Secretary for Health. The FOIA or PA Officer will send a copy of the VHA transmittal letter to the Director, Legislative Programs Office (105B) whenever releases are made.

e. The Director, Legislative Programs Office (105B) has primary responsibility for responding to verbal requests submitted to VHA for final OMI reports from congressional offices, Veterans Service Organizations or the press. All initial releases must be approved by the Under Secretary for Health or the Deputy Under Secretary for Health. The FOIA or PA Officer forwards redacted copies of the report and other documents, as determined by the Under Secretary for Health or the Deputy Under Secretary for Health, to the Legislative Programs Office for external distribution in response to verbal requests. The Director, Legislative Programs Office will send copies of the VHA transmittal letter to the FOIA or PA Officer and the Under Secretary for Health whenever releases are made outside of VA.

4. **Development of Action Plans, Follow-up Coordination and Tracking of Action Plans Based on Final Reports**

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a. Based on the Office of the Under Secretary for Health acceptance memorandum, the Management Review and Administration Service will request the development of an action plan through the CNO (10NC) for final report recommendations that require field facility or network office action within 20 workdays. The CNO will forward the action plan to the Management Review and Administration Service, which will forward the action plan to the OMI within 5 workdays after receipt of the plan. The CNO has responsibility for tracking action plans and providing status updates to the OMI on action items assigned to field facilities or network offices.

b. Based on the Office of the Under Secretary for Health acceptance memorandum, the Management Review and Administration Service will request the development of an action plan through appropriate offices for final report recommendations made by the OMI which require VHA headquarters program office action to comply with the recommendations. Action plans will be submitted within 20 workdays. The Management Review and Administration Service will provide the action plan to the OMI within 5 workdays. The Management Review and Administration Service has responsibility for tracking action plans and providing status updates to the OMI on action items assigned to VHA headquarters program offices.

(1) Implementation of action plan items will be accomplished through External Review Management Information Systems (ERMIS).

(2) The Management Review and Administration Service will track action items and reports until they are completed and closed by the Under Secretary for Health. Updates will generally be provided to the OMI on a quarterly basis unless the issues are of such a significant nature that more frequent updates are required.

(3) After reviewing the plan, the OMI will forward comments concerning the acceptability of the action plan to the Management Review and Administration Service. If changes in the action plan are required, the Management Review and Administration Service will coordinate revised action plans with the appropriate offices. If agreement cannot be reached on actions to be taken in response to a report recommendation, the issue will be referred to the Under Secretary for Health for a final decision.

(4) The OMI reviews the documentation of the completion of recommendations and determines if the documentation meets the intent of the recommendation(s). If so, the OMI prepares a document which will be sent through the Management Review and Administration Service to the Under Secretary for Health to sign. This document lists all of the recommendations and describes how they have been accomplished. If the Under Secretary for Health does not agree that all recommendations have been met, the Under Secretary for Health will not sign the document. If the Under Secretary for Health does agree that all recommendations have been met, the Under Secretary for Health will indicate concurrence. All offices (VHA Headquarters, network and medical facilities) are then notified by the Under Secretary for Health that the OMI site visit report and recommendations are closed.

ATTACHMENT G

GENERAL ACCOUNTING OFFICE ACTIVITIES AND REPORTS

1. General Accounting Office Activities

a. General Accounting Office (GAO) activities include reviews, studies, surveys and data gathering resulting from Congressional requests or follow-up activities.

b. The Department of Veterans Affairs (VA) GAO Liaison, located in the Office of the Assistant Secretary for Policy and Planning (008), is the liaison between VA and GAO. The Management Review and Administration Service (105E) is the liaison between the Veterans Health Administration (VHA) and the VA, or Department Liaison.

c. The GAO will keep the Department Liaison and the Management Review and Administration Service informed of the start of and of their progress during specific activities. The Management Review and Administration Service will keep VHA program and management officials informed of GAO activities.

(1) When initiating an activity, GAO will provide advance written notice to the Department Liaison. The written notice will provide:

- (a) The title and GAO code number of the activity;
- (b) The reason for the activity (self-initiated, Congressional request, required by legislation or mandated oversight role);
- (c) For Congressionally requested activity, the name(s) of the Member(s) of Congress and committee affiliation, if the GAO is permitted to provide this information;
- (d) The name, title, telephone number and division affiliation of the GAO assistant director and evaluator-in-charge; and,
- (e) A description, start date, and target completion date of the planned activity, including the scope of the activity and the names of VA offices and/or facilities to be contacted.

(2) Where VHA is the primary Agency being reviewed, upon receipt of the GAO notification the Department Liaison will contact the Management Review and Administration Service to request that an entrance conference be scheduled to discuss the proposed GAO activity. The Management Review and Administration Service will coordinate these meetings for VHA, ensuring that all appropriate program and headquarters management are notified of and are represented at entrance conferences. The Department Liaison will inform other VA offices as appropriate of the scheduled entrance conference. As part of an entrance conference, it is expected that VHA representatives will discuss with GAO the scope and methodology of the proposed review.

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(3) The Management Review and Administration Service will prepare a report of contact summarizing the results of the entrance conference for VHA. Copies of the report of contact will be distributed to the Under Secretary for Health (10); Deputy Under Secretary for Health (10A); Executive Assistant to the Under Secretary for Health (10E); Executive Assistant to the Deputy Under Secretary for Health (10A1); Executive Correspondence (101B); Chief of Staff (10B); Chief Communications Officer (10C); Chief Policy and Planning Officer (105); Chief Network Officer (CNO)(10N/10NC); VHA Chief Financial Officer (17); Chief Performance and Quality Officer (10Q); Medical Inspector (10MI); Chief Patient Care Services Officer (11); Director, Program Management and Planning Office (182); VHA participants attending specific conferences; and the Department Liaison.

d. Following the entrance conference, GAO will conduct the review, contacting field facilities, network and VHA Headquarters staff as appropriate.

(1) Prior to arranging site visits to field facilities and network offices, GAO will inform the Management Review and Administration Service of their intent to contact those sites to coordinate a visit. Following this notification, GAO may contact the facility or network office directly. The Management Review and Administration Service will inform the CNO's office of GAO's intent to contact a facility or network office to arrange a site visit.

(2) Except in the case of some special reviews, or other instances where information is to remain confidential, VHA representatives should prepare reports of contact of meetings with GAO representatives. Reports of contact should include a discussion of the purpose of the contact, information requested by GAO, information provided by VHA, and any other pertinent information. Copies of reports of contact should be forwarded to the Management Review and Administration Service for distribution.

e. Upon completion of their reviews, GAO will contact the Department Liaison to request an exit conference. The Department Liaison will contact the Management Review and Administration Service to schedule exit conferences where VHA is the primary Agency being reviewed. The Management Review and Administration Service will coordinate these meetings, ensuring that all appropriate VHA program and VHA Headquarters management are notified of and are represented at exit conferences. The Management Review and Administration Service will prepare a report of contact summarizing the results of the exit conference for VHA.

2. Draft Reports

a. Upon completion of a draft report, GAO will request VA comments on the report findings and recommendations, unless specifically directed not to obtain VA comments. GAO makes the determination as to whether to request oral or written comments from VA. GAO expects that VA comments, either oral or written, will be provided within 10 working days from the date of the report in order to be included in the final report. Additional response time may be allotted only at the discretion of GAO.

b. Draft GAO reports will be provided by the Department Liaison to VHA's Management Review and Administration Service. The Management Review and Administration Service will coordinate VHA review and comment on the report with the appropriate program offices and will prepare either a briefing package for the Deputy Under Secretary for Health's use at VA and GAO oral comment meetings and/or VHA written comments for the signature of the Under Secretary for Health. The Under Secretary for Health, Deputy Under Secretary for Health, Chief of Staff and all VHA Officers will also receive a copy of the report. Assigned program offices will assess GAO report findings and recommendations and will prepare written comments on the report. Comments will be forwarded to the Management Review and Administration Service from assigned program offices for preparation of the briefing package for the Deputy Under Secretary for Health and/or written VHA comments. At a minimum, program office comments should include:

(1) A specific statement of concurrence or nonconcurrence with the report findings. Additional information or clarification of information contained in the report should be provided, if applicable.

(2) A specific statement of concurrence or nonconcurrence with each report recommendation. If a program office non-concurs with a recommendation, specific reasons for the nonconcurrence should be clearly stated in the comments, along with any alternative action an office believes to be appropriate.

(3) A specific statement of concurrence or nonconcurrence with any estimate of monetary benefit contained in the report. If a program office non-concurs with the GAO estimate, the program office must prepare an alternative estimate. The rationale for and the methodology used to prepare the alternative estimate must also be included in the program office comments. If a program office non-concurs with the GAO estimate, but must complete a study or review before an alternative estimate can be provided, the program office should state this in the comments, and provide an estimated completion date for providing an alternative estimate.

c. If oral comments are provided, copies of the briefing package will be provided simultaneously to the Deputy Under Secretary for Health, the Secretary of Veterans Affairs (henceforth known as the Secretary) and the Department Liaison prior to VA meeting with GAO. The briefing package will contain VHA comments and a recommended position on the report, including statements of concurrence or nonconcurrence with the report findings, conclusions, and recommendations. The package will also contain a recommendation to the Secretary to provide to GAO one of three basic types of written responses, if appropriate:

(1) VA concurs in the report and recommendations. The Secretary provides a written response stating the Department's concurrence, which will be provided to GAO within the 10-day comment period for publication in the final report. This response will be prepared by the Department Liaison for the Secretary's signature. A copy of the VHA briefing package will be provided to the Department Liaison to use in preparing the Secretary's response. The Management Review and Administration Service will coordinate the review and concurrence of the Secretary's response in VHA.

(2) The report recommendations may be acceptable, but the report findings and conclusions are not supported. The Secretary will provide a letter to GAO, within the 10-day comment period for

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publication in the final report, stating the Department's concerns with the report and citing the inadequate time permitted to properly respond to the GAO about those concerns. The letter will state that the Secretary will provide a detailed response on the report directly to the requester within a specified period. The Department Liaison will prepare this letter for the Secretary's signature. A copy of the VHA briefing package will be provided to the Department Liaison to use in preparing the Secretary's response.

(a) The Management Review and Administration Service will coordinate the review and preparation of the detailed VHA written response to the GAO report for the signature of the Under Secretary for Health. The VHA response will be provided to the Department Liaison.

(b) The Department Liaison will prepare and coordinate concurrence within the Department the Secretary's written response. The Management Review and Administration Service will coordinate review and concurrence of the Secretary's response in VHA.

(3) VA non-concurs with the report findings, conclusions and recommendations, or has such serious concerns that VA wants to complete an in-depth review of the report which will require significant time. The Secretary will provide a letter to GAO, within the 10-day comment period for publication in the final report, stating the Department's total disagreement with the report, and citing the inadequate time permitted to properly respond to GAO on the report. The letter will also state the Secretary's intention to provide the results of VA's in-depth review directly to the requester within a specified period. The Department Liaison will prepare the Secretary's letter. A copy of the VHA briefing package will be provided to the Department Liaison to use in preparing the Secretary's response.

(a) The Management Review and Administration Service will coordinate the in-depth review and preparation of the VHA written response to the GAO report for the signature of the Under Secretary for Health. The VHA response will be provided to the Department Liaison.

(b) The Department Liaison will prepare and coordinate concurrence within the Department the Secretary's written response. The Management Review and Administration Service will coordinate review and concurrence of the Secretary's response in VHA.

d. At the discretion of the Secretary, responses for the Secretary's signature in subparagraphs 2c(1) through (3) may be delegated for Under Secretary for Health signature.

e. Copies of the briefing package will be provided to VHA Chief Officers and program offices as appropriate. If a written response is provided, concurrence with the VHA response will be requested from appropriate program offices, VHA Officers and the Chief Policy and Planning Officer before being forwarded to the Under Secretary for Health for signature.

f. The Management Review and Administration Service will enter report information and VHA's response into the External Review Management Information Systems (ERMIS).

3. Final Reports

- a. Final reports will be provided by the Department Liaison to the Management Review and Administration Service. The Management Review and Administration Service will distribute the report in VHA to the Under Secretary for Health, Deputy Under Secretary for Health, Chief Policy and Planning Officer and appropriate VHA Officers and program offices.
- b. If the final report contains recommendations, VA is required to respond to the requester, the Senate Committee on Governmental Affairs and the House Committee on Government Operations within 60-calendar days after the transmittal of the report to discuss actions taken or to be taken by the Department in response to the report recommendations. The Management Review and Administration Service will coordinate and prepare the VHA response to the final report for the signature of the Under Secretary for Health. The VHA response will be provided to the Department Liaison for preparation of the Secretary's response. The Management Review and Administration Service will coordinate review and concurrence of the Secretary's response in VHA.
- c. Recommendations will be considered resolved when the Secretary's response to a final report is signed and released by VA. The Management Review and Administration Service will monitor progress towards completion of corrective actions for each GAO report through periodic status reports. ERMIS updates will be entered, as required, until all report issues are completed.